

PLACE OF BIRTH

City of Charleston

County of

Town of

City of Charleston

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Baby Beckett

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

FATHER.

Full Name Theodore Ashe BeckettPRESENT POSTOFFICE OF FATHER North Charleston S.C.COLOR OR RACE WhiteBIRTHPLACE Johns Island S.C.OCCUPATION ClergymanNumber of children born to mother, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2:35 P.M. on the date above stated.(23) (Signature) J. H. Beckett(24) State of South Carolina(25) Address of Physician or Midwife 277 Calhoun

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9/28 19 23 J. H. Beckett Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 A(No. Baker Sanatorium;

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File No. — For State Registrar Only

27486

Registered No.

(For use of Local Registrar)

(No. Baker Sanatorium;

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For Only

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